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**CENTRAL FAX CENTER****JUN 30 2008****FAX TRANSMISSION****DATE:** June 30, 2008**PTO IDENTIFIER:** Application Number 10/538,455-Conf. #3876  
Patent Number**Inventor:** Thomas M. Frimurer et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** EDWARDS ANGELL PALMER & DODGE LLP

Jonathan M. Sparks, Ph.D.

**PHONE:** (617) 517-5543**Attorney Dkt. #:** 63576(45579)**PAGES (Including Cover Sheet):** 5**CONTENTS:** Certificate of Transmission (1 page)  
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JUN 30 2008

PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0851-0032  
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<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4318).</b> <b>FEE TRANSMITTAL</b> <b>For FY 2008</b>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number: 10/538,455-Conf. #3876	Filing Date: September 2, 2005
TOTAL AMOUNT OF PAYMENT (\$) 120.00		First Named Inventor: Thomas M. Frimurer	Examiner Name: Not Yet Assigned
		Art Unit: N/A	Attorney Docket No.: 63576(45579)

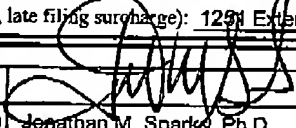
  

<b>METHOD OF PAYMENT (check all that apply)</b>	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: 04-1105    Deposit Account Name: Edwards Angell Palmer & Dodge LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
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<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
<b>Fee Description</b>						<b>Small Entity</b>	
						<b>Fee (\$)</b>	<b>Fee (\$)</b>
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						210	105
Multiple dependent claims						370	185
<b>Total Claims</b>		<b>Extra Claims</b>		<b>Fee (\$)</b>		<b>Fee Paid (\$)</b>	
=		x		=			
HP = highest number of total claims paid for, if greater than 20.							
<b>Indep. Claims</b>		<b>Extra Claims</b>		<b>Fee (\$)</b>		<b>Fee Paid (\$)</b>	
=		x		=			
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>		<b>Extra Sheets</b>		<b>Number of each additional 50 or fraction thereof</b>		<b>Fee (\$)</b>	
- 100 =		/50 =		(round up to a whole number) x		=	
<b>4. OTHER FEE(S)</b>							
Non-English Specification: \$130 fee (no small entity discount)						<b>Fees Paid (\$)</b>	
Other (e.g., late filing surcharge): 1291 Extension for response within first month						120.00	

<b>SUBMITTED BY</b>			
Signature: 	Registration No. (Attorney/Agent): 53,624	Telephone: (617) 517-5543	
Name (Print/Type): Jonathan M. Sparke, Ph.D.		Date: June 30, 2008	

BOS2 681039.1

PTO/SB/97 (09-04)

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Application No. (if known): 10/538,455

Attorney Docket No.: 63576(45579)

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Fee Transmittal (1 page)

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